

Report to:	Public Board of Directors	Agenda item:	13
Date of Meeting:	12 January 2022		

Title of Report:	RUH Medical Revalidation System Annual Report 1 April 2020 – 31 March 2021
Status:	For Approval
Board Sponsor:	Dr Bernie Marden, Medical Director
Author:	Dr Stewart Redman, Appraisal Lead
Appendices	None

1. Executive Summary of the Report

The purpose of the Board Report is to help the Trust review and demonstrate compliance with the Responsible Officer Regulations and helps the Trust assess their effectiveness in supporting medical governance in keeping with the General Medical Council (GMC) handbook on medical governance. Completion of the report will therefore:

- a) help the Trust in its pursuit of quality improvement,
- b) provide the necessary assurance to the higher-level responsible officer, and
- c) act as evidence for CQC inspections.

At the end of April 2021, Professor Stephen Powis wrote to Responsible Officers and Medical Directors in England letting them know that although the 2020/2021 AOA exercise had been stood down, organisations will still be able to report on their appraisal data and the impact of adopting the Appraisal 2020 model.

This report sets out the impact on the Trust's number of appraisal revalidations including the slight lag in some Doctors getting back into their annual appraisal cycle although this has largely returned to pre-pandemic levels.

A new short input form was implemented by the GMC last year requiring less up front paperwork and Doctors were given the choice as to whether to use this, with a minority of Doctors opting for this although minimal impact has been seen on the quality of appraisal outputs.

The Responsible Officers Advisory Committee is now established and working well. The Responsible Officer and Appraisal Lead attend Regional Meetings to share knowledge and benchmark. There may be an opportunity in the future to link in with our ICS partners.

2. Recommendations (Note, Approve, Discuss)

The Board is requested to review and approve the annual board report and statement of compliance for responsible officers and revalidation.

3. Legal / Regulatory Implications

It is a regulatory requirement for the Trust to review and demonstrate compliance with the Responsible Officer Regulations and assess their effectiveness in supporting medical governance in keeping with the General Medical Council (GMC) handbook on medical governance.

4.	Risk (Threats or opportunities, link to a risk on the Risk Register, Board Assurance Framework etc.)
<p>Resource: There is a risk that appraisers may leave the Trust due to lack of financial resourcing.</p> <p>Resource: There is a risk that the cost of licences for the online appraisal system will rise in line with the increasing number of Doctors in the Trust.</p> <p>There is a Business Case being developed to address both these issues.</p>	
5.	Resources Implications (Financial / staffing)
Currently resourced from existing staffing.	
6.	Equality and Diversity
An equality impact assessment had been completed. Consistent implementation of Trust policies ensured that equality and diversity standards were achieved. Outcome of concerns were audited as part of the WRES annual report and any appropriate actions taken forward.	
7.	References to previous reports
Report to Board in 2018/19	
8.	Freedom of Information
Public	



A framework of quality assurance for responsible officers and revalidation

Annex D – annual board report and statement of compliance

Contents

Introduction:.....	2
Designated Body Annual Board Report.....	4
Section 1 – General:.....	4
Section 2a – Effective Appraisal.....	6
Section 2b – Appraisal Data.....	9
Section 3 – Recommendations to the GMC	9
Section 4 – Medical governance	10
Section 5 – Employment Checks.....	13
Section 6 – Summary of comments, and overall conclusion	13
Section 7 – Statement of Compliance:	15

Introduction:

The Framework of Quality Assurance (FQA) for Responsible Officers and Revalidation was first published in April 2014 and comprised of the main FQA document and seven annexes A – G.

In 2019 a review of the Annual Organisational Audit (AOA), Board Report template and the Statement of Compliance concluded with a slimmed down version of the AOA (Annex C) and a revised Board Report template (Annex D), which was combined with the Statement of Compliance (previously listed as Annex E) for efficiency and simplicity.

Annual Organisational Audit (AOA):

At the end of April 2021, Professor Stephen Powis wrote to Responsible Officers and Medical Directors in England letting them know that although the 2020/2021 AOA exercise had been stood down, organisations will still be able to report on their appraisal data and the impact of adopting the Appraisal 2020 model, for those organisations who have, in their annual Board report and Statement of Compliance.

Board Report template:

Following the revision of the Board Report template in June 2019 to include the qualitative questions previously contained in the AOA, the template has been further updated this year to provide organisations with an opportunity to report on their appraisal data as described in the letter from Professor Stephen Powis.

A link to the letter is below:

<https://www.england.nhs.uk/coronavirus/publication/covid-19-and-professional-standards-activities-letter-from-professor-stephen-powis/>

The changes made to this year's template are as follows:

Section 2a – Effective Appraisal

Organisations can use this section to provide their appraisal information, including the challenges faced through either pausing or continuing appraisals throughout and the experience of using the Appraisal 2020 model if adopted as the default model.

Section 2b – Appraisal Data

Organisations can provide high level appraisal data for the period 1 April 2020 – 31 March 2021 in the table provided. Whilst a designated body with significant groups of doctors (e.g. consultants, SAS and locum doctors) will find it useful to maintain internal audit data of the appraisal rates in each group, the high-level overall rate requested is enough information to demonstrate compliance.

With these additional changes, the purpose of the Board Report template is to help the designated body review this area and demonstrate compliance with the responsible officer regulations. It simultaneously helps designated bodies assess their effectiveness in supporting medical governance in keeping with the General Medical Council (GMC) handbook on medical governance.¹ This publication describes a four-point checklist for organisations in respect of good medical governance, signed up to by the national UK systems regulators including the Care Quality Commission (CQC). The intention is therefore to help designated bodies meet the requirements of the system regulator as well as those of the professional regulator. Bringing these two quality strands together has the benefits of avoiding duplication of recording and harnessing them into one overall approach.

The over-riding intention is to create a Board Report template that guides organisations by setting out the key requirements for compliance with regulations and key national guidance, and provides a format to review these requirements, so that the designated body can demonstrate not only basic compliance but continued improvement over time. Completion of the template will therefore:

- a) help the designated body in its pursuit of quality improvement,
- b) provide the necessary assurance to the higher-level responsible officer,
- and
- c) act as evidence for CQC inspections.

¹ Effective clinical governance for the medical profession: a handbook for organisations employing, contracting or overseeing the practice of doctors GMC (2018) [https://www.gmc-uk.org/-/media/documents/governance-handbook-2018_pdf-76395284.pdf]

Statement of Compliance:

The Statement Compliance (in Section 8) has been combined with the Board Report for efficiency and simplicity.

Designated Body Annual Board Report

Section 1 – General:

The board of The Royal United Hospitals Bath NHS Foundation Trust can confirm that:

1. An appropriately trained licensed medical practitioner is nominated or appointed as a responsible officer.

Action from last year: None

Comments: Dr Bernie Marden, Medical Director

Action for next year: None

2. The designated body provides sufficient funds, capacity and other resources for the responsible officer to carry out the responsibilities of the role.

Yes

Action from last year: None

Comments:

The Responsible Officer is supported by the Responsible Officer Advisory Committee comprising of:

Dr Bernie Marden, Medical Director & Responsible Officer

Dr Richard Graham Deputy Responsible Officer

Dr Stewart Redman Appraisal Lead

Joanna Hole Lay Member

Lucy Tainton & Debra Scoplin, Appraisal & Revalidation Admin Support

Alison Stead Medical Staffing Manager

The Trust also pays for the PrepIT system which facilitates on-line appraisals and data collection and pays for twice yearly appraiser training.

Action for next year: None

3. An accurate record of all licensed medical practitioners with a prescribed connection to the designated body is always maintained.

Action from last year: None

Comments: The Trust records all information relating to medical practitioner revalidation in a web enabled medical revalidation system. A system is in place to ensure that the records are checked monthly in order to maintain accurate records.

The Trust uses the interface from the Electronic Staff Record to check all the medical practitioners are registered appropriately with their designated body.

Action for next year: None

4. All policies in place to support medical revalidation are actively monitored and regularly reviewed.

Action from last year: None

Comments: Yes, 'Medical Appraisal Policy' due for review 2 January 2023 reviewed on a three yearly basis.

Action for next year: 3 yearly Policy Review 2 January 2023

A peer review has been undertaken (where possible) of this organisation's appraisal and revalidation processes.

Actions from last year: None

Comments: No external peer review of appraisal and revalidation processes undertaken this year. A peer review takes place when deciding on content of the training and that this has been discussed at MWFP Group/JLNC ie number of appraisers and appraisers representing all staff groups'

Action for next year: Review of peer review methodology across our ICS to inform next steps.

5. A process is in place to ensure locum or short-term placement doctors working in the organisation, including those with a prescribed connection to another organisation, are supported in their continuing professional development, appraisal, revalidation, and governance.

Action from last year: None

Comments: For Trust Drs, if they wish to be revalidated by us (some stay on HEE list as they plan to return to training in the 5 year cycle), we write to the previous responsible officer (as we do for Consultants, Locum Consultants, SAS Drs.) to ask if any concerns etc. Support is the same as for trainees.

All other grades of staff have an annual appraisal, the outputs of which can feed into the appraisal system in the organisation they have their prescribed connection with.

Action for next year: None

Section 2a – Effective Appraisal

1. All doctors in this organisation have an annual appraisal that covers a doctor's whole practice, which takes account of all relevant information relating to the doctor's fitness to practice (for their work carried out in the organisation and for work carried out for any other body in the appraisal period), including information about complaints, significant events and outlying clinical outcomes. For organisations that have adopted the Appraisal 2020 model, there is a reduced requirement for preparation by the doctor and a greater emphasis on verbal reflection and discussion in appraisal meetings. Organisations might therefore choose to reflect on the impact of this change.

Those organisations that have not yet used the Appraisal 2020 model may want to consider whether to adopt the model and how they will do so.

Action from last year: None

Comments: We have allowed doctors to agree with their appraisers whether they use the more traditional model or the 2020 model. A small majority have stuck with the traditional approach.

The 2020 model has been well received with some early concerns that it didn't fit easily with our appraisal IT system. The IT has improved, however there were still examples of paper-based appraisals using the 2020 model which weren't uploaded on our system. Most appraisers were still able to generate a comprehensive output form from an appraisal using the 2020 model but some outputs were thin.

Action for next year:

This will be addressed at the next round of appraiser training.

2. Where in Question 1 this does not occur, there is full understanding of the reasons why and suitable action is taken.

Action from last year: None

Comments: Some appraisees have been slow to return to appraisal following the COVID induced appraisal shutdown

Action for next year: More communication on the need for appraisal planned.

3. There is a medical appraisal policy in place that is compliant with national policy and has received the Board's approval (or by an equivalent governance or executive group).

Action from last year: None

Comments: The Trust has the following policy 'Medical Appraisal Policy' ratified January 2020 and due for review January 2023

Action for next year: Review in 2023

4. The designated body has the necessary number of trained appraisers to carry out timely annual medical appraisals for all its licensed medical practitioners.

Action from last year: None

Comments: 11 new appraisers trained, taking the total number to 50. This sits nicely in the recommended appraiser levels for a designated body our size.

Action for next year: None

5. Medical appraisers participate in ongoing performance review and training/development activities, to include attendance at appraisal network/development events, peer review and calibration of professional judgements (Quality Assurance of Medical Appraisers² or equivalent).

Action from last year: None

Comments: Reminder of the appraisers need to maintain CPD were sent to all appraisers in the Spring 2021. There was a good response with increased attendance at appraiser training.

Action for next year: ASPAT scoring has been under taken and will be fed back to appraisers prior to the appraiser training sessions later this year which will be on quality assurance/feedback.

² <http://www.england.nhs.uk/revalidation/ro/app-syst/>

- The appraisal system in place for the doctors in your organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group.

Action from last year: None

Comments: Feedback scores from appraisees on their appraisals is collated on the appraisal system and reviewed by the appraisal team.

ASPAT scoring has also been undertaken and reviewed.

The number of appraisals carried out by each appraiser and attendance at appraiser training is also collected and reviewed.

The results of these assurance processes are reviewed at the ROAC in the first instance.

Action for next year: Any issues arising will be taken forward by the Medical Director to the Board or the relevant governance group depending on the nature of the issue. An annual Appraisal Revalidation paper is on the Board workplan for September each year.

Section 2b – Appraisal Data

- The numbers of appraisals undertaken, not undertaken and the total number of agreed exceptions can be recorded in the table below.

Name of organisation: Royal United Hospitals Bath Foundation Trust	
Total number of doctors with a prescribed connection as at 31 March 2021	412
Total number of appraisals undertaken between 1 April 2020 and 31 March 2021	207 (50.2%)
Total number of appraisals not undertaken between 1 April 2020 and 31 March 2021	205 (49.8%)
Total number of agreed exceptions	143

Section 3 – Recommendations to the GMC

- Timely recommendations are made to the GMC about the fitness to practise of all doctors with a prescribed connection to the designated body, in accordance with the GMC requirements and responsible officer protocol.

Action from last year: None

Comments: Revalidation dates are prepped up to a month or two in advance for the regular ROAC meetings by the Admin team and at the meeting if all evidence in place and no concerns the RO will recommend Revalidation

Action for next year: None

2. Revalidation recommendations made to the GMC are confirmed promptly to the doctor and the reasons for the recommendations, particularly if the recommendation is one of deferral or non-engagement, are discussed with the doctor before the recommendation is submitted.

Action from last year: None

Comments: The majority of deferrals are mainly at present due to incomplete Colleague and Patient feedback (playing catch up from the unprecedented times we are in). The admin staff will normally pick this up prior to Revalidation due and will liaise with person concerned and keep track of progress. Any concerns are often picked up at the regular ROAC meetings and a member of the team if appropriate and authorised by the RO will contact the person concerned

Action for next year: None

Section 4 – Medical governance

1. This organisation creates an environment which delivers effective clinical governance for doctors.

Action from last year: None

Comments: Each department has medical and nursing clinical governance leads. These regularly meet and oversee clinical governance issues within their department. They also employ a variety of reporting mechanisms and departmental meetings to monitor performance and ensure learning. The departmental leads attend Divisional Clinical Governance and report. The Divisional Clinical Governance Leads meet with the Senior Nurse and Medical Director at the Operational Governance Meeting.

Action for next year: None

2. Effective systems are in place for monitoring the conduct and performance of all doctors working in our organisation and all relevant information is provided for doctors to include at their appraisal.

Action from last year: None

Comments: Issues raised regarding doctors' competency are dealt with as appropriate either informally or by using the Department of Health's document "Maintaining Professional Standard in the Modern NHS". The Trust has a Managing Conduct Policy which mirrors Maintaining High Professional Standards and is the mechanism by which all issues of conduct are dealt with. In addition the Trust has a Managing Capability Concerns of Medical and Dental Staff Policy.

Action for next year: None

3. There is a process established for responding to concerns about any licensed medical practitioner's¹ fitness to practise, which is supported by an approved responding to concerns policy that includes arrangements for investigation and intervention for capability, conduct, health and fitness to practise concerns.

Action from last year: None

Comments: Yes there is a policy and procedure in place - Managing Capability Concerns of Medical and Dental Staff Policy.

- Freedom to Speak Up: Raising Concerns Policy – review date 20 March 2022

Action for next year: None

4. The system for responding to concerns about a doctor in our organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group. Analysis includes numbers, type and outcome of concerns, as well as aspects such as consideration of protected characteristics of the doctors.³

Action from last year: None

Comments: Quality Assurance of medical appraisal at the RUH continues to be peer approved with external training of the Trust's Medical Appraisers. This has been reinforced by feedback to both appraisees and appraisers

³ This question sets out the expectation that an organisation gathers high level data on the management of concerns about doctors. It is envisaged information in this important area may be requested in future AOA exercises so that the results can be reported on at a regional and national level.

during regular update meetings with the Responsible Officer and Appraisal Lead. In addition, annual appraisals completed during the revalidation year are only signed off if a completed 360 degree feedback is undertaken from both patients and colleagues covering full scope of practice. We have mandated that the peer and patient feedback occurs in year four of a five year cycle. Following sign off, revalidation year appraisals are scrutinised by the responsible officer so that a recommendation can be made to the GMC. Where the recommendation has been to seek deferral of revalidation, this has been because of insufficient evidence was found to support a recommendation of revalidation (almost always because 360 feedback and reflection have not been completed).

Analysis of numbers, types and outcome of concerns is audited as part of the WRES annual report and any appropriate actions are taken forward.

Action for next year: None

5. There is a process for transferring information and concerns quickly and effectively between the responsible officer in our organisation and other responsible officers (or persons with appropriate governance responsibility) about a) doctors connected to your organisation and who also work in other places, and b) doctors connected elsewhere but who also work in our organisation.⁴

Action from last year: None

Comments: In line with Maintaining Professional Standards, where an issue is raised formally, other employing organisations are informed of the nature of the concerns we are investigating.

Action for next year: To review this process to streamline and standardise

6. Safeguards are in place to ensure clinical governance arrangements for doctors including processes for responding to concerns about a doctor's practice, are fair and free from bias and discrimination (Ref GMC governance handbook).

Action from last year: None

⁴ The Medical Profession (Responsible Officers) Regulations 2011, regulation 11:
<http://www.legislation.gov.uk/ukdsi/2010/9780111500286/contents>

Comments: Our policies and procedures are designed to ensure equity and fairness in line with Maintaining Professional Standards and an Equality Impact Assessment is completed whenever policies are written or updated.

Action for next year: None

Section 5 – Employment Checks

1. A system is in place to ensure the appropriate pre-employment background checks are undertaken to confirm all doctors, including locum and short-term doctors, have qualifications and are suitably skilled and knowledgeable to undertake their professional duties.

Action from last year: None

Comments: All post and pre employment checks for all staff including locums are in line with NHS Employers Guidance. Framework agencies are used initially if agency doctors are required, this ensures all appropriate pre-employment checks are in place – CV's are checked by the appropriate consultant to ensure the agency doctor has the appropriate qualifications etc.

If non-framework agencies are used, Staffing Solutions Department ensures all appropriate pre-employment checks are carried out.

Action for next year: None

Section 6 – Summary of comments, and overall conclusion

Please use the Comments Box to detail the following:

- **General review of actions since last Board report**
- **Actions still outstanding:** No reporting undertaken last year due to pandemic
- **Current Issues:**
- **New Actions:**
 - Review of peer review methodology across our ICS to inform next steps.
 - Medical Appraisal Policy 3 yearly review 2 January 2023
 - Improved use of Appraisal 2020 model
 - Further appraise communication on the need for appraisal planning.
 - ASPAT scoring to be fed back to appraisers prior to the appraiser training sessions later this year which will be on quality assurance/feedback.

- Quality governance issues to be identified and taken forward by the Medical Director to the Board or the relevant governance group depending on the nature of the issue.
- To review the process for transferring information and concerns quickly and effectively between the responsible officer in our organisation and other responsible officers to streamline and standardise

Overall conclusion:

Section 7 – Statement of Compliance:

The Chief Executive and Medical Director of Royal United Hospital have reviewed the content of this report and can confirm the organisation is compliant with The Medical Profession (Responsible Officers) Regulations 2010 (as amended in 2013).

Signed on behalf of the designated body

Official name of designated body: Royal United Hospitals Bath NHS Trust

Name: Cara Charles-Barks

Signed:

Role: Chief Executive



Date: 25th November 2021

NHS England and NHS Improvement
Skipton House
80 London Road
London
SE1 6LH

This publication can be made available in a number of other formats on request.

© NHS England and NHS Improvement 2021
Publication approval reference: PAR614